

Immunization Reminder/Recall Card

Name: _____



Vaccine(s) Needed:

- ☐ DTaP (Diphtheria, Tetanus, acellular Pertussis)
- ☐ Hep A (Hepatitis A)
- ☐ Hep B (Hepatitis B)
- ☐ Herpes Zoster (shingles)
- ☐ Hib (*haemophilus influenzae* type b)
- ☐ HPV (Human Papillomavirus)
- ☐ Influenza (flu)
- ☐ IPV (Inactivated Poliovirus)
- ☐ Meningococcal (MPSV4, MCV4)
- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Pneumococcal (PCV, PPV)
- ☐ Rotavirus
- ☐ Td (Tetanus, diphtheria)
- ☐ Tdap (Tetanus, diphtheria, acellular pertussis)
- ☐ Varicella (chickenpox)
- ☐ Other _____

Please call today to schedule an appointment for the vaccines marked:

It is important to complete the series of recommended immunizations for the best protection from these diseases.

If your child attends child care or school, please update your child's records at those facilities after the immunization is given.

Notes:

Personal & Confidential

Zip

City/State

Address

Name

PLEASE
PLACE
STAMP
HERE
